

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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## GERMAN THERAPEUTICS.

Whatever may have been at one time the tendency of our German brethren to *nihilism* in medicine, assuredly they can not now be charged with any such tendency. So far from showing any feebleness in their use of remedies, they seem to be taking the lead of all other practitioners in the vigor with which they combat disease. In a remarkable paper on pneumonia, in the fifth volume of Ziemssen's Cyclopaedia, a style of therapeutics is brought out which recalls to mind forcibly the times of Rush and Cooke, quinine and cold baths appearing for calomel and the lancet. This paper, which was contributed by Prof. Juergensen, is sure to attract attention. It is indeed one of a highly important character, and we wish to direct the minds of our readers to the practice therein recommended.

Croupous pneumonia is held by Prof. J. to be an infectious, non-contagious fever which manifests itself locally in the lungs. With this view of its nature he directs his remedies to the reduction of abnormal heat in the body and to the support of the circulation. The danger in the disease, he holds, is from failure of the heart's action, which in turn results from the febrile temperature. The fever imposes increased labor upon the heart at the same time that it inflicts direct injury upon the organ. The state of the heart is every thing in the disease; hence Juergensen lays down the proposition, *sine pulsu nulla therapia*, as in typhoid fever he insists there is no treatment without the thermometer. The pulse is our guide in croupous pneumonia as temperature is in typhoid fever. The indications of cure are to guard against

exhaustion of the heart, and to control its already existing exhaustion.

The first indication is accomplished by the direct abstraction of heat—that is to say, by cold baths. The case of his own child, which Prof. J. relates, will show how he uses the baths. His little daughter, nineteen months old, was three times in a brief period attacked with pneumonia. The temperature rose above  $105^{\circ}$ , and returned so quickly after baths of  $60^{\circ}$  that he was compelled to reduce the water as low as  $41^{\circ}$ , and in these he kept his child ten minutes at a time. She recovered, and at no time while these extreme measures were used, extending over several days, was there the slightest indication of collapse.

One thing Juergensen insists upon in conjunction with these baths—namely, that stimulants be administered before the patient is immersed as well as afterward; and in several years he declares he has never seen any evil result from this practice.

But this is not the whole of his heroic practice. He employs quinine with the same boldness. Above all other antipyretic medicines, he says, "it possesses the invaluable advantage of reducing the temperature without injuring the heart, and this it accomplishes by diminishing the production of heat." In ordinary cases of pneumonia he gives thirty grains of sulphate of quinine at a dose, and where the fever is intense he gives *seventy-seven* grains to a strong adult and *fifteen* grains to a child under one year, always in one dose. He gives the quinine in conjunction with muriatic acid in order to insure its solution; and if thrown up in less than half or three quarters of an hour, he repeats the dose in alarming cases; for

he contends that "it is better to give too much than too little." If the stomach will not retain the medicine, it may be introduced by enema. Once in forty-eight hours is as often as he repeats the dose. By this antipyretic treatment Prof. J. claims that the mortality of pneumonia has been reduced in the Basle Clinique more than nine per cent.

A remark of the professor just quoted reminds us of a precept that Prof. Potter, of Baltimore, used to impress upon his students: "If ever in any case you are doubtful about the propriety of bleeding, lean to the side of the lancet."

We shall look with interest for reports from American physicians on the success of this antipyretic method in pneumonia.

### BLANK DIPLOMAS.

The Louisville-Kentucky School prides itself upon its virtue in abolishing the diploma fee of \$30 as it generally exists. We should have thought this more disinterested had it not at the same time raised its beneficiary fee from \$30 to \$40. It requires but little calculation to see that ten dollars assessed upon each member of the class amounts to the same or a greater sum than that raised by the old plan, when graduates only were required to pay. The real change made is that first-course students now help to foot the bill. This may be a small matter, but blank diplomas are not. Upon the two diplomas which the Louisville-Kentucky School gives away the name of the candidate does not appear. This he may have inserted at his convenience and at his own expense. Why is this done? Can it be possible that "any chartered institution" does not wish to expend the few dollars necessary to insert the names of the candidates? What does a man want with two diplomas? Would it not be better for this college to save the expense of one (if expense be an object), and spend the amount thus saved in paying a writer to put these

names in? Do men in business give blank checks? Have the faculty of the Louisville-Kentucky School any right to give these blank checks upon the confidence of the communities and the profession? Granted that the young men who receive this superabundance of parchment are as pure as snow (and we know nothing to the contrary in this matter), have the faculty of the Louisville-Kentucky School any right to put temptation in their way? Have they any right to trust any body in such matters?

### Original.

#### ORIGINAL LECTURES.

LECTURES ON CLINICAL SURGERY. By DAVID W. YANDELL, M. D., Professor of Surgery in the University of Louisville, of Surgery in the College of Physicians and Surgeons of Indiana, etc. Phonographically reported for the LOUISVILLE MEDICAL NEWS.

#### ON THE TREATMENT OF ERYSIPELAS.

*Gentlemen*,—The college clinic and this hospital have recently afforded you opportunity to see erysipelas in its several forms; and I have thought that your time might be profitably occupied this afternoon by an account in a general way of what I know of the treatment of this affection—an affection which interests alike the general practitioner and the surgeon.

Erysipelas was at one time—now many years ago—much more common in this hospital, and indeed all over this country, than it is now. Then, if it could not fairly be considered an epidemic, it was, to say the least, very frequently encountered as an idiopathic disease. When I was a dresser in this institution erysipelas would attack not only large open wounds, but would fasten upon leech-bites and almost all abraded surfaces, and, contrary to the opinions of Bilroth, would invade parts which were previously virgin to all manner of lesions whatever.

The treatment of the affection has under-

gone many changes since I sat where you are now sitting, and surgeons had much more faith in the efficacy of local means than they have now.

About that time the illustrious surgeon who adorned the chair I now occupy, Dr. Gross, was in the habit of making free and repeated applications of tincture of iodine to the inflamed surfaces; and although he held that topical remedies were merely auxiliary agents, he still had much faith in the efficacy of his favorite. He thought that when applied sufficiently early the iodine relieved the pain and tension of the parts, favored the absorption of effused fluids, and actually arrested morbid processes. He applied the iodine tincture, diluted one half with alcohol, very freely over the inflamed surfaces and for a short distance upon the surrounding healthy skin, and this he repeated two or three times in the twenty-four hours. And such was the sway that he exercised over the minds of this community, in which he spent so many years of his life, that it is a difficult thing even at this day to treat erysipelas here to the satisfaction of the patient unless you burn and brown him by iodine.

At the very time to which I allude there was another surgeon here of some distinction, who taught that the real virtue of the iodine resided in the alcohol which was used to dissolve it, and so he applied diluted alcohol to the parts.

The first clinical lecture that I heard in London was by Mr. Quain, in the room for out-patients in the University College Hospital, and it chanced to be on erysipelas. He, after reviewing the several modes of treatment of the affection then in vogue, declared his utter want of faith in all local means, and said that whatever application was made no case of erysipelas was ever observed to improve until the condition of the *prima viæ* was corrected. For his part, he added, he considered spring water as good a topical agent as the best. On the floor just above the great Liston would order the parts to be covered with fomentations or

with flour, give heroic doses of tartar emetic and belladonna, and entertain his classes by ridiculing a former colleague, Dr. Elliotson, who treated erysipelas by nitrate of silver, as a doctor who "turned a white man into a nigger," and "drew lines horizontally, perpendicularly, and slantingdicularly over a patient's body."

The following autumn M. Velpeau, in a lecture on the same subject, said that he knew of but one application that seemed to him to possess any value in the treatment of erysipelas, and that was copperas, which he used either in ointment or in solution. He thought at that time that this salt had evidently some action on erysipelas, though not perhaps able actually to circumscribe the progress of the disease. He lived to recant even this, and died in the belief that no local application possessed any curative value in this affection. While M. Velpeau was having the patients at La Charité who had erysipelas either washed with solutions or smeared with ointments of the sulphate of iron, M. Jobert was lauding, in one end of the St. Louis Hospital, the virtues of nitrate of silver applied as an ointment, and in another part of the building M. Malgaigne was treating such patients as came into his wards by applications of ice-bags.

But to return to the different modes of treatment that within my knowledge have been pursued in this hospital. Among them I may mention leeches, which I have seen applied for the arrest of the disease, and then have seen the disease at once assail the leech-bites. I have seen the skin contiguous to the inflamed surfaces fringed with blisters, and the next day have witnessed the inflammation occupy the blistered spots. I have known the skin to be whitened and shriveled by lotions of sugar of lead made, as it was believed, more soothing by the addition of some form of opium. I have seen the parts painted with the carbonate of lead, with the oxide of zinc; smeared with every conceivable ointment, wet with every imaginable wash, and kept dry by dusting with flour or by being enveloped in cotton wad-

ding; but I can not recall a single instance in which I ever saw a local application, no matter what its nature or by whom used, either limit or arrest the progress of the disease. The dictum of Mr. Quain, heard now nearly thirty years ago, has recurred to me many times, and I too can say that I have yet to see a single case of erysipelas improve until the alimentary canal had been set to rights. You will have observed that in the use of topical remedies I consult as far as I can the comfort of the patient. I never apply things which give pain, my endeavor being to soothe. Sometimes this is best done by warm and at other times by cooling applications; sometimes by dry and sometimes by moist substances. Again in other cases ointments are grateful. Among the most so I may mention the benzoated oxide of zinc ointment; and this even, I think, is made still better by adding to every ten or twenty grains one grain of carbolic acid. The late Mr. Prentice, who was the subject of repeated attacks of erysipelas of the face and scalp, found nothing of more than a score of things he had used to soothe the burning heat, which is one of the prominent troubles of the disease, so well as a weak solution of cologne spirits. A member of my own family, also the subject of the same form of the affection, declared that local applications of every kind were an unmitigated nuisance. I recently saw a case in an elderly gentleman, who thought he derived much comfort from applications of collodion.

When erysipelas attacks the extremities a roller bandage well applied is often serviceable in the early stages of the disease, by giving a certain support to the inflamed structures, diminishing tension and lessening the chances of effusion; but be sure that it is put on evenly and firmly; then watch the behavior of the limb afterward to see that no ill effects occur from pressure. The comfort of the patient is still further assured in some cases by keeping the roller moist with warm or cold lotions, according to his sensations. Where vesicles appear upon the surface make fine punctures in them, so that

the fluid may drain away while the epidermis remains.

But whether your topical applications increase the distress or augment the comfort of your patient, I think you may be very sure of this, that the course of the disease is in no wise affected by them. I hold that the usefulness of local agents is in the exact ratio of their power to allay pain; further than this I have never been able to bring myself to believe that they possess any curative value whatever. I need not be reminded that many of my masters went much beyond this, and inculcated that erysipelas could often be subdued by topical means alone; but I do not share these opinions to-day.

Yet I would be guilty of a great omission if I neglected to tell you of another treatment, which, though it passes under the term local, is altogether different from that we have been considering; I allude to incisions and punctures. You have seen me use both. They do not, it is true, cut the disease short, but they often save tissue and sometimes life itself. Sir William Fergusson was in the habit of saying that he had seen many instances where it would have been better if the practitioner had used his fingers more over the seat of the disease and less at the patient's wrist. He meant by this that careful and repeated examinations of the inflamed parts should be made in order to detect the earliest signs of suppuration and allow of matter being evacuated the moment it had formed. When practiced in season incisions are invaluable; and the season to practice them is when tension is growing or pus is gathering, or when gangrene threatens. Now if under any of these circumstances you will make punctures in sufficient number or incisions of sufficient size to allow free vent to the effused fluids or to accumulated matter, you will often have the satisfaction of averting further mischief and securing for your patient a relief that no other means will afford him. Mr. Lawrence advised one long single incision, and great slashes he would sometimes make in limbs invaded by erysipelas at St. Bartholomew's. But long



incisions, I must believe, are unnecessary, as they certainly are cruel and sometimes dangerous by reason of hemorrhage. One or more cuts an inch or two, or at most three inches, in length, and carried in the general direction of the underlying muscular fibers to a depth which reaches the matter, are sufficient, and if they but be made early enough will accomplish all that can be expected of them. Where the swelling is solely of an oedematous kind lancet punctures alone are sufficient.

The after-treatment of such conditions as I have just sketched I need not stop here to tell you of. If in spite of all your efforts the sloughing is extensive or gangrene occurs, you must recall to mind what you have heard on other occasions concerning these calamities.

I have now said perhaps enough on the subject of the local management of erysipelas. A good many years back I became satisfied that if the disease was to be held in check or its progress cut short in any fair sense of that term, it was to be done by moving upon it from another quarter, assailing it by means which struck deeper and went further than any which spent their force upon the skin alone. And in this connection I am naturally led to speak, in conclusion, of the general or constitutional treatment of the affection. I shall be very brief.

You have heard in another place that uncomplicated erysipelas, except it occur in the extremes of life and in women in the puerperal state, tends to recovery. Of one hundred and thirty-seven cases observed by Bilroth but ten died. The disease seldom lasts more than ten days to a fortnight, and often begins to abate at the end of two or three days. Now in the latter, which is the mildest form of the affection, you will find it exceedingly difficult to satisfy yourselves as to how much is done by nature and how much by the doctor for the cure. But on one or two points I think you need have no misgivings: first, secure to your patient a full supply of pure, fresh air, and in the

simple forms of the disease occurring in individuals of fair constitution begin by administering an emetic; follow this by a mercurial purge, combined, if need be, with an opiate. You will thus, besides doing your patient an immediate good, put him in the best condition for whatever may be in store for him. In many cases nothing more will be required. Where the fever persists or the disease is clearly advancing you may bring forward the usual cooling remedies. They are generally grateful, and being so they must be useful. Where the disease is protracted symptoms of debility are pretty sure to set in, and require to be met by tonics and by stimulants, the latter being nearly always indicated in aged persons and those of feeble constitution or intemperate habits, and in all patients in hospital. Food is not likely to be asked for, and should be given in small quantities and in the blandest form during the first few days. After this the dietary may be gradually improved; and should symptoms of exhaustion arise it should at once be made liberal, nutritious, and of easy digestion. For my part I place good milk at the head of the list.

Should delirium occur, which it is apt to do in erysipelas capitis if the case be at all severe, it will often be of the noisy kind; and here I know of nothing so likely to do good service as full doses of the bromide of potassium. I think I have had better results from this than from chloral hydrate; and moreover, the potash salt, if given in a state of large dilution, is an excellent renal depurant; it helps to wash out the toxic element of the disease.

There has been for some years back quite a run on the sour tinct. of iron as a remedy in erysipelas. Dr. Hamilton Bell, of Edinburgh, gave it currency in 1851. It has been used very indiscriminately, and oftentimes, I must believe, very injudiciously; and yet, *per contra*, my colleague, Prof. Bodine, has the utmost faith in this remedy, especially in the phlegmonous variety of the disease. He says he encounters erysipelas, even in its severer forms, with the greatest confidence

in his ability to subdue it by this drug. But he gives the iron in enormous quantities, repeated at very short intervals. I have known him to administer it in teaspoonful doses every two hours, night and day, for more than a week. In this case the patient, a young woman, recovered, it is true, from a frightful attack of phlegmonous erysipelas while taking the iron, but she had at the same time egg-nogg in the same lavish way. How much the milk, eggs, and whisky, and how much the chloride contributed to the cure it is difficult to decide. The late Professor Rogers and myself made a methodical and somewhat extended trial of it a few years since, but we were not able to see any special good from it except in cases where tonics were clearly indicated, and in those cases, which you will occasionally meet, where albumen was found in the urine. In the former class we questioned whether it had any special superiority over other iron preparations, but in the latter it appeared to possess a peculiar efficacy. It seemed indeed that the power of the muriated tincture here was just in proportion to the amount of albumen contained in the urine. Thus, where the albumen abounded the iron was potent for good; where it was absent the iron seemed powerless. I have observed this in other cases, but in none was it so marked as in the case of Mr. Prentice. Whenever one of his erysipelatous seizures was accompanied by water charged with albumen the iron unfailingly benefited him, and that right quickly; but when, on the other hand, the urine was comparatively normal the iron was just as unfailingly useless.

It has been a good deal the fashion in certain quarters to administer the iron combined with quinine. A favorite prescription with some practitioners in this city is one ounce of tincture of muriate of iron, three ounces of glycerine, to which two scruples of quinine are added. Of this the dose is a teaspoonful to double this quantity in sweetened water every two or three hours. The improvement that would be made in the taste of the iron by being combined

with the glycerine is offset by the bitter of the quinine, and altogether the dose is a nauseous one. But what is of more importance is this, that if quinine be demanded at all in erysipelas it is always in much larger quantities than you get in the mixture just named. And here permit me to say that I have found quinine to be unequivocally useful in but two classes of cases of erysipelas: one where the disease occurs in malarial districts or malarial seasons, or in patients whose tongues present the cre-nated edge pointed out several years ago by Dr. Osborne, of Alabama; the other is where the septic element is greatly in the ascendant, and this, you know, is principally in the traumatic examples of the disease. In both of these quinine as quinine should be your chief reliance. In the cases complicated with malaria it will seldom disappoint you. In the cases where septicæmia declares itself it offers you well-nigh your only ground of hope. I do believe that no drug is so useful as quinine when indicated, and not one which is less so when not called for.

My colleague, the late Professor Powell, thought he derived much benefit in simple erysipelas from large doses of the sulphites and hyposulphites. In several cases that I attended with him I could not convince myself that they were of any value.

The iodide of potassium was quite in favor at one time in certain quarters, but I think it has fallen into deserved neglect.

The three complications which are likely to give you most trouble in erysipelas are peritonitis, arachnitis, and inflammation of the air passages; the danger in the latter being from œdema of the glottis. You must content yourselves to-day with what I have told you on previous occasions of these formidable conditions. The fact that they arise in the course of erysipelas imparts no peculiar features to their treatment.

If you have followed me you will have remarked that I have inculcated no special treatment for erysipelas. When the disease is mild but few drugs are needed, and not much of them. When more severe it is to

be treated quite as inflammation of other kinds; that is, by such constitutional agents as will when necessary reduce the action of the heart and arteries, or again sustain it—at one time by such local means as soothe and comfort, and at another by such as save by first inflicting injury. For erysipelas, though often classed among diseases of specific origin, is not, in my opinion, under the dominion of any special treatment.

## Correspondence.

### CHLORAL INTOXICATION.

I noticed in the LOUISVILLE MEDICAL NEWS (February 13th) a case of delirium tremens after hydrate of chloral drinking. I can hardly believe that the choral used was a *hydrate*. The *alcoholate* of chloral resembles the hydrate in all appearances, and this preparation is extensively used for intoxicating purposes. I have seen as complete a state of drunkenness produced by it as by any other article containing alcohol. I was at one time employed as a dispensing pharmacist in one of the cities of the East, and frequently when I gave out Liebrich's or Scheering's preparations of chloral they were returned to me with the remark that they did not produce the desired effect. In such instances the alcoholate gave satisfaction. The sale for this preparation was large, especially among the "upper classes." It was purchased by both sexes. I am quite certain that it could be found upon the toilet-stands of many ladies whose society cares made them perhaps prone to headaches.

W. B. MEANY.

### THE COFFEE QUESTION.

I live in North Alabama, immediately on the Mobile & Charleston R. R., four miles from Tennessee River. The lands are generally low and rich. The prevailing sickness is malaria in its various forms. Coffee

is used freely by almost every one, and seems to be a necessity. There is much more used in summer and autumn than in winter and early spring. My practice also extends to the top of Sandy Mountain, where the people use less coffee than those who live in the valley. There are but few if any malarial diseases on said mountain, unless the parties go to the valley to work, which they frequently do. My patients call for coffee while sick more frequently than any thing else, except ice, and I am sure it does them good.

Quinine seems to have a better and more decided effect given in strong coffee than in any other way. Very few use less than four cups daily, and a great many much more. Infants will drink coffee at a very tender age, and it does them no harm. I heard a lady say her infant had a chill at three days old, followed by fever, which lasted four days, and each day a decided chill, for which she gave nothing but coffee, which it drank freely, with complete recovery. The mother also had chills, but took no quinine. I use very little coffee in winter, but in summer and fall drink from three to five cups per day. I never have chills.

My attention had not been directly drawn to this subject before reading Dr. Holland's article. I only knew we were generally very fond of coffee, and believed it was necessary to our well-being. I will be glad to give a more extended examination of the subject in the future.

J. P. ROSEX, M. D.

SCOTTSBORO, JACKSON COUNTY, ALA.

I live in Saline County, Ark., on the headwaters of the Saline River, in a moderately malarious locality, but malaria is the prevailing disease. Nearly every one uses coffee largely, adults from two to three cups in the morning and from one to two cups at each of the other meals. The cups are the old-fashioned size. The children commence very early, as soon as they can talk and feed themselves. The coffee is made very strong, a cupful of ground coffee to the gallon of water. They do not want it diluted with

cream. They seem to think the stronger the better. I never made any observations about a temporary cessation, but have heard them say they would rather do without meat than coffee.

I was raised in a non-malarious district, in North Alabama, and I never used coffee there, nor did any one else to the extent they do in Arkansas. Since I have been living in Arkansas I have become somewhat a lover of coffee; and I feel that I need a stimulant, and coffee satisfies me, but since I have been here I do not feel that way.

JAMES W. REED.

The most prevalent diseases are pneumonia and remittent fevers; intermittent fever occasionally met with. A large majority of parents give their children coffee from the time they are able to take food from the spoon, and I have seen it given the infant before it had been applied to the mother's breast. The old-fashioned cup is the one mostly used, and adults (the working class) usually drink from one to three cups for breakfast. It is not used, as a rule, for other meals. If taken for supper they claim not to be able to sleep.

The usual method of preparing coffee is by grinding (the coffee having been roasted), putting it into a pot, and pouring boiling water upon it, after which it is placed upon the fire and boiled for several minutes.

The effects produced in those who cease its use after having used it for a considerable length of time are that of irritability, headache, and nervousness. I have not noticed any greater desire for coffee in a malarious than in a non-malarious district.

Mt. Vernon, Ky.

J. J. BROWN.

#### PHARMACEUTICAL NOTES.

**TINCTURE PYRETHRUM ROSEUM (DERIVED FROM INSECT POWDER).**—Take pyrethrum, part j.; dil. alcohol, part jv. Prepare as a tincture. This, when diluted with ten times its bulk of water, gives perfect security

against all vermin and protection from all insects alighting upon the body. Hunters moisten the beard and hands with it to protect them from flies, etc. Its prophylactic effect lasts twelve hours. It is very destructive to ants.

**INDELIBLE INK.**—Take aniline black, 3 j; acid hydrochlor. gtt. lix.; alcohol, 3 jss. The resulting deep-blue liquid is then to be diluted with a hot solution of gum arabic made as follows: gum acacia, 3 jss; water, 3 vj. The above ink does not corrode steel pens, nor is it affected either by lye or acid.

#### IMITATION OF JEWSBURY AND BROWN'S ORIENTAL TOOTH PASTE (LONDON).

R. Calc. carb. precip. .... q. s.  
Carmine ..... 3 j.  
Aque ..... 3 ij.  
Mel. despum. .... 3 vj.  
Ol. menth. Pip. .... qtt. v.  
Ol. anise ..... qtt. v.  
Ol. Aurantii ..... qtt. x.  
Ol. gaultheria ..... qtt. x.—M.

**CEPHALIC SNUFF (FOR COLD IN HEAD AND HEADACHE).**—R. pulv. cubebæ, 3 iij.; pulv. verat. alb. 3 vj.—M.

W. B. M.

#### Reviews.

**Diseases of the Urinary Organs, including Stricture of the Urethra, Affections of the Prostate, and Stone in the Bladder.** By JOHN W. S. GOULEY, M. D. With one hundred and three wood engravings. New York: Wm. Wood & Co. 1873.

Of the medical works published during the present decade there is none which we can with more pleasure recall to the notice of our readers than the volume which forms the subject of the present notice. Indeed there is no class of diseases that presents greater perplexities to the average practitioner than those of the genito-urinary organs, and to all such the present work is commended. The title of the work is, how-



ever, calculated to mislead one while the volume stands upon the shelf. Upon opening it one would expect to find a treatise on diseases of the urinary organs, but upon glancing over the table of contents it appears that but a portion of the forms of such diseases are touched upon. This, however, is explicitly stated by the writer in the preface, for he there says "he has endeavored to write a handy book on the pathogeny, clinical history, and treatment of some of the graver surgical diseases of the male urinary organs, which he hopes may be of service to the practitioner by pointing out means for their early detection, for lessening the difficulties of their management, and indicating in cases of emergency what to do and what to avoid." We simply express the wish that the title had been Surgical Diseases of the Male Genito-urinary Organs; and this not in any spirit of criticism, but with the assurance that such a title would have brought this most valuable work more rapidly into the hands of the great mass of the profession.

Dr. Gouley has divided his work into fifteen chapters. In the first he treats of stricture of the urethra—pathology, symptoms, and sequelæ. The etiology and history of this form of disease is carefully treated. That a stricture can not occur from acute gonorrhoea is affirmed on page 5 as follows:

*"No Stricture without Gleet.*—It frequently happens that in acute urethritis there is very considerable tumefaction of the mucous membrane, with spasm of the urethral muscles, to the extent of causing retention of urine. This has been improperly termed 'acute inflammatory stricture.' The swelling and spasm are an obstacle to the emission of urine, but these soon subside under rest and appropriate treatment, and leave no traces of stricture. If the urethritis be cured without passing into the chronic stage, with gleet discharge, there will probably be no stricture. Very frequently the first, second, or even the third clap yields to treatment and escapes chronicity; otherwise every infected patient would suffer from stricture sooner or later, which we know is not the case."

The various formative stages, with the forms and favorite localities of strictures, as well as their symptoms and sequelæ, are carefully discussed.

Chapter II discusses the diagnosis of stricture, catheterism, accidents of catheterism, and urethral fever. In this the various forms of bougies, sounds, catheters, and the endoscope are discussed. The positions of the patient during catheterism and the method of manipulating the instruments receive attention; and the concluding portions of the chapter, especially the treatment of urethral fever, are worthy of careful reading.

Chapter III treats of the constitutional and surgical treatment of stricture of the urethra, treatment of stricture in its incipient stage, dilatation in simple cases, management of difficult cases. The surgical methods treated of are pressure and over-distension by sounds and direct applications to the diseased surface, dilatation, divulsion, internal urethrotomy, external perineal urethrotomy, the last four being treated of in separate chapters. In this chapter the author lays claim to the origination of the *tunneled sound*, which claim, our readers will remember, caused the late discussion as to the priority of invention, and which, we believe, was settled in favor of the validity of Dr. Gouley's claim.

To treat a stricture by divulsion, we are told in Chapter IV, is to make a longitudinal rent of the constricted portion of the urethra, and the various methods devised are enumerated and illustrated by six groups of cases, and the indications and contra-indications of the employment of this method are thus laid down:

*"Indications and Contra-indications.*—Now come two very important practical questions: *first*, to what class of cases is divulsion applicable; and *second*, where is it contra-indicated? The second question will be answered first. It is not, as a general rule, to be used in narrow traumatic strictures, in obstructions complicated with extravasation of urine, in the dense intractable constrictions of the pendulous portion of the urethra; but it is known to answer well in nearly all cases of great urgency where the strictures are situated in the scrotal and perineal portions of the urethra, and generally those which do not possess the features described among the contra-indications."

The history of internal urethrotomy is well given in Chapter V. The mention of

the various instruments requires only the notice of the urethrotome of Dr. S. W. Gross to be perfect, and the illustrative cases are well and carefully selected.

Chapter VI treats of strictures at the meatus urinarius and in the fossa navicularis, their nature, diagnosis, and treatment; and Chapter VII of external perineal urethrotomy; the latter especially a most instructive chapter, in which the literature of the subject from the days of Celsus is passed rapidly in review, and the details of the operation, with the preparatory and after-treatment, are elaborately given. Upon one important point the author expresses himself as follows:

"I believe that the retention of a catheter in the bladder, after external perineal urethrotomy, even for forty-eight hours, is not only unnecessary but harmful. Unnecessary, because it does not fulfill the supposed indication of preventing the flow of urine through the wound, and because the contact of the urine with the freshly cut surfaces does no harm, as is exemplified by lateral and median lithotomy, and also by the cases which have been detailed. Harmful, because the presence of the instrument—a foreign body—in the bladder sometimes causes ulceration and perforation of that viscus, and does give rise to inflammation and to urethral fever."

The remarks upon "the estimate of the operation" and the illustrative cases should be carefully studied.

Forty-two pages of Chapter VIII are devoted to the consideration of traumatic lesions of the urethra.

Chapter IX is devoted to the subject of retention of urine, and can more properly be called a clinical lecture than any of the preceding chapters. The subject is divided into complete and incomplete retention of urine, retention of inflammatory swelling in the urethra, retention due to stricture, and the various methods of treatment.

The three succeeding chapters are devoted respectively to rupture of urethra and bladder, diseases of the prostate, and hypertrophy of the prostate, in the last of which, in the consideration of puncture of the bladder with capillary trocars, the conclusions of Labbé are given:

"1. That capillary hypogastric puncture is a perfectly harmless operation.

"2. That in all cases it must be substituted for ordinary hypogastric puncture.

"3. That in a great number of cases it may when only once practiced allow the surgeon to penetrate afterward into the bladder through the natural passages.

"4. That in certain cases where catheterism is impossible it may be performed three or four times a day without any injurious effect, and thus permit the surgeon to gain time and restore the natural passages; and at the very least it constitutes a palliative means of the highest importance."

The remaining chapters form an elaborate paper upon stone in the bladder.

We have far exceeded the space which we usually devote to the review of medical literature, and have presented those of our readers who may be remote from booksellers with an outline of the contents of this really valuable work, that they may be able to judge for themselves how important it may be to them that this work should have a place in their library of reference.

## Selections.

HEADACHES OF THE DECLINE OF LIFE.—S. Weir Mitchell, M. D., of Philadelphia, contributes the following to the Medical and Surgical Reporter: "These cephalalgias are for me always full of suspicion. If a person who has been free of headaches begins late in middle life to have them, the case is usually one which will need every care we can give it. In such cases, after excluding the eyes as a cause, it is most needful to make sure that the headache be not remotely due to albuminuria from contracted kidneys. In an article in the Philadelphia Medical Times for August, 1874, on the nervous accidents of albuminuria I have already spoken of this matter, and have there given three cases of headache, in all of which albuminuria was the unsuspected parent of the pain. But after putting aside these and the still more common causes of headache, as gastric disorder and the constipation of old age, there yet remain headaches which have often, I think, some relation to causes which in the old produce hemiplegia. These headaches are apt to occur on one side of the head, or to be most felt on one side when even the whole head aches. They are liable to be attended by a sense of

fullness and by throbbing, and they are extremely apt to be felt every morning on awakening from sleep. Headache is one of the near prodromes of hemiplegia, according to the books, but in my experience it is not a very common one; while as a more remote warning it has value, but is still not very frequent. I have hesitated in these brief clinical sketches to speculate much on the causes of symptoms, nor do I see my way here to say what it is in the state of a head with degenerating vessels which gives rise to pain; yet, practically speaking, I am sure of the fact. I every now and then meet a man who has headache and slight numbness on one side, and who may or may not have had a slight hemiplegia. I bleed this man by leeches a few ounces. I am perfectly sure he will be free of pain and eased of numbness for some time to come. I take the blood from the temple and from the back of the ear on the worst side. The immediate connection in these regions with the brain-feeding vascular areas beneath them is clear and abundant, and it does seem as if the local depletion eased a local overplus, and that the distended vessels did not give way anew for some time to come; but this is speculation merely, while the valuable fact as to the use of leeching rests unchanged, however we explain or do not explain it. Hard, too, to fully comprehend is the other fact, as to which I am quite as sure, that in a florid man well on in the fifties or over them, with a strong heart, throbbing headaches, and hints of hemiplegia in the way of unilateral numbness or tingling, the leeching is made of longer use and even of permanent value by restricting the diet to vegetables, milk, and fruit. I could easily quote case on case in support of these assertions, but one shall answer: A stout, somewhat ruddy gentleman, aged sixty-one years, from Delaware, called on me two years ago with the following symptoms: a strong pulse and heart-beat; slightly beaded radial arteries; a faint senile arc; large, tortuous, visibly full temporal arteries; an occasional increasing numbness of the left side, ending in a slight hemiplegia, two years ago, but before this and since he had daily headache on awakening, and of late attacks of dull, throbbing ache, not worse on one side, but when present nearly always accompanied by a sensible over-action of the heart and by increased left-side numbness. Cardiac sedatives and purgatives aided him none, but a full leeching gave immense relief. In three weeks it had to be done again, and in two months yet again; then I urged absolute deprivation of meat, and that has succeeded, so that only once since has he been leeches. Tobacco had something to do with the first of his headaches, and was at least potent in ability to bring one on when used in excess. At last he learned this and ceased to smoke as much, which presently lessened the number of attacks, but did not prevent them altogether. At last he acquired that

curious cardiac sensitiveness to tobacco which grows on some old smokers, and he was forced at last to abandon it. Nevertheless the headaches remained. There is one most remarkable fact in the history of neuralgic headache (megrim): it is very apt to cease as men grow old, but also it is apt to disappear and return no more in those who have had a single hemiplegic attack however slight. I find in my note-books seven cases of hemiplegia, three right and four left, in which are noted this most interesting peculiarity."

A NEW APPARATUS FOR ETHER.—W. Cheatham, M. D., of New York (New York Medical Record), contributes the following: "I wish to call the attention of the profession to a new apparatus I have had made by Messrs. Stohlmann, Pfarre & Co., of No. 107 East Twenty-eighth Street, New York, for the admin-



istration of ether. It operates by Lente's method of replenishing the evaporating surface without removing it from the face. A patient can not be anesthetized as quickly with it as with a common cone, but with much less ether. It economizes by not having to remove it from the face to replenish it, and by this you avoid the disagreeable effect of hav-

ing the ether that would otherwise escape permeating every part of the house in which it is used. Its convenience of application is also quite obvious. The ease with which the face-piece (being paper) can be removed immediately after use and thrown away is, I think, a strong recommendation in its favor. The apparatus consists of a tin-cup (A), holding in the inside a sponge as an evaporating surface, and connected from the top by rubber tubing with the bottle that contains the anæsthetic. This tube has attached to its distal end a cap (D) that will fit over the neck of almost any bottle, doing away with Lente's graduated bottle. Make a cone of paper, cut the top off, so when tin-cup (A) is slipped inside the top of the cup will protrude a line or two from top of cone. Place tin-cup (B) over both cup and cone, screw it down tightly by means of nut (C), and you have the cone held tightly. Attach tube to top of cup, and the apparatus is complete. The smaller the cone the quicker you can get the patient under the influence of the anæsthetic. I would suggest after the cone is in position the bottom should be trimmed, leaving a part of it—we shall call it the back part—that is

intended to go over the chin, three inches longer than the cup, and sloping forward and upward, leaving the front part, intended to go over the nose, about an inch longer than cup. E gives an inside view of cup (A)."

### Miscellany.

—We lately noted the antiquity of the examination of urine for diagnostic purposes with the quotation from Shakespeare—"Falstaff: Sirrah, what says the doctor to my water? Page: He said, sir, the water was good, healthy water, but the party who made it he might have more diseases than he knew for." The following note should have been added: "This quackery was so much in fashion that Linacre, the founder of the college of physicians and surgeons, formed a statute to restrain apothecaries from carrying the water of the patients to a doctor and afterward giving medicine in consequence of opinions pronounced concerning it. This statute was followed by another, which forbade the doctors themselves to pronounce on any disorder from such an uncertain diagnostic. But this did not extinguish the practice, which has its dupes in these enlightened times." This is from Singer & Symmons's edition of Shakespeare's works, published in 1826. We thought that in these days, when every doctor's table is ornamented by one or two bottles of urine for examination, it would be interesting to the profession to see in what manner it was regarded even as late as 1826. By some inadvertence our quotation from Shakespeare was separated from the note and comments; but as it furnished our amiable contemporary with a joke as poor as the water in question proverbially is, we do not regret the mistake.

—Chinese doctors practice among their countrymen in Victoria without interference from the medical authorities, who are not inquisitive as to results. But when these doctors compete with licensed practitioners

they are stopped by inquiries as to their qualifications, which they can not answer to the satisfaction of a European, though they have studied in their own schools and insist that their credentials should be accepted. One of them, Yee Quock Ping, who has successfully treated a number of cases among our own people, dissatisfied with the refusal of the medical board to register him, applied to the supreme court for a *mandamus* to compel them to do so, but failed in his application, although he produced numerous certificates of his skill and the following diploma from the College of Doctors in the district of Chung Low, in the empire of China: "At a meeting of the college. We, the doctors of this district, hereby certify that we know you, Quong Hung San San Neng Pong Ah Kan Oo, No. 42, Yee Quock Ping, and we hereby testify that we have correctly examined you, and find that you have studied for six years and understand the seven external and eight internal pulses, together with the liver, heart, lungs, kidney, and stomach, and bladder, spleen, pericardium, big and small bowels, and their pulses; that you are thoroughly conversant with all the pulses in all parts of the body; and that you have studied medicine for four years. We hereby certify that, having passed your examination satisfactorily, you are entitled to practice as a doctor in every district; and we hereby bear witness to your general and thorough knowledge of medicine and the pulses."—*London Times's Correspondent, Melbourne.*

—The Public Health Magazine is edited by George Baynes, M. D., at Montreal: terms, \$2 per annum. It is an excellent exponent of sanitary science and a welcome visitor. We note in it items which indicate that Montreal is somewhat in need of advice in matters of this sort. More than six thousand deaths occurred there last year in a population no larger than that of Louisville. Six hundred unvaccinated persons among the Canadian French were swept off by small-pox. At this rate Montreal as a health resort is somewhat a failure.